

APPLICATION FOR CHILD SUPPORT SERVICES
(Existing Jefferson County court case only)

If you are involved in a family court action in Jefferson County, you may apply for services from the Jefferson County Department of Child Support Enforcement. Our agency can help you:

- Collect your child support order through income withholding.
- Enforce the payment of unpaid support through tax refund intercept, account seizure and other administrative processes.
- Modify your support order.

You can get more information about the child support program at **childsupport.wisconsin.gov**.

There is **no fee** to apply for child support services. If you are interested, please complete and return the form below to:

Jefferson County Child Support Agency
320 S. Main St., Room 219
Jefferson, WI 53549

Please note the following regarding Child Support services:

- Child support agencies do not handle child custody, physical placement (visitation) issues, or enforce maintenance-only (alimony) orders.
- A Child Support attorney who appears at your hearing represents the State of Wisconsin, not you. Applying for services does not create an attorney-client relationship with the Child Support attorneys.
- If you have a percentage-expressed child support order (for example, an order of 17% of gross income, instead of a fixed dollar amount such as \$300 per month), and you apply for child support services, the agency is required by state law to ask the court to change your order to a fixed dollar amount.
- If the agency collects support arrears through tax refund intercept and the refund is recalled, you will have to return the payment. If a tax intercept collection is at least \$10, a fee of 10%, up to \$25, will be deducted from the collection.

Application for Child Support Services

Yes, I _____ **request services from Jefferson County Child Support Agency.**

(Please print your name clearly)

Court Case Number _____ Birth date: _____

My address: _____
(Street) (City) (State) (Zip)

Who carries Health Insurance on child(ren): _____ Through which employer: _____

Telephone: Home _____ Work _____ Cell _____

Other Parent:

Full name: First Middle Last Birth Date Telephone

Address: _____
(Street) (City) (State) (Zip)

I have received information that describes IV-D services available, individual rights and responsibilities, and fees/costs.

Signature: _____ **Date:** _____

Office use: KIDS Case No: _____